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ABSTRACT

This KIDS COUNT pamphlet is part of a 3-year campaign to bring business and child care together to increase the quality and availability of child care for at-risk children in West Virginia. The pamphlet reports on the components of quality child care and on West Virginia's early childhood initiative, Educare. Emphasizing the positive effects of quality early care and education programs on children's lives, the pamphlet asserts that many current programs may harm children because they do not meet standards of good care. Six effective programs are then described: (1) Home-Oriented Preschool Education Program; (2) Perry Preschool Project; (3) Carolina Abecedarian Project; (4) Head Start; (5) Nurse Home Visitation in Elmira, New York; and (6) Nurse Home Visitation in Memphis, Tennessee. Educare, the West Virginia child care initiative, works to improve the quality of early care and education, increase accessibility of early care and education services, and create linkages to help families access the services they need. Eight West Virginia communities are funded to operate Educare pilot programs; four projects are described in this pamphlet to highlight the work being done, and characteristics of effective programs are delineated. Challenges identified in improving early care and education include building public understanding and political will, obtaining adequate funding, and developing needed public policy. The pamphlet concludes with a charge to the business and child care communities to share in the campaign to increase the quality and availability of child care for at-risk children. (Contains 21 endnotes.) (KB)

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Report on What Works in Early Childhood Education

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About KIDS COUNT

The first business-led organization devoted exclusively to improving the lives of West Virginia's at-risk children.

PROGRAMS

KIDS COUNT
Educates and mobilizes the private sector about the needs and conditions of children through the production and dissemination of the *KIDS COUNT Data Book* and other data-driven products. Print and broadcast media are major tools to distribute this information.

INVESTING IN EARLY LEARNING
Business leaders work in partnership with social service professionals to add value to local activities to improve the lives of children. Activities focus on prevention and early intervention.

CLEARINGHOUSE
Collects and disseminates information relevant to making positive policy, program, and system change on behalf of at-risk children and families.

SUCCESSES

Created the first county-by-county portrait of children to bring about the public will to improve the lives of children.

Assisted in the creation of the Governor's Cabinet on Children and Families.

Educated thousands of new parents through the DAY ONE program about how their baby learns. DAY ONE is administered throughout West Virginia in hospitals, home visiting programs, and Starting Points Centers.

Assisted in the creation of the Coalition for West Virginia's Children, which promotes responsible public policies for children. The Coalition has enjoyed legislative successes in health, child care, and welfare reform.

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Forward

The purpose of this report is to let West Virginians know that we can prevent bad outcomes for at-risk children. We can do this through good early care and education. Good early care and education transforms lives. Children who experience good care are better prepared for school, stay in school longer, and, later in life, have an opportunity to contribute to their communities and the state.

For various reasons, having nothing to do with the intentions of child care providers, much of the early care and education in West Virginia does not work and, in fact, may harm children. This continues the cycle of poverty.

West Virginia has an opportunity now to continue the expansion of programs that work in early care and education. West Virginia's early childhood initiative is **Educare**. Educare programs are required to follow high standards of care, standards that make Educare a program that works. The State Legislature must approve funding for each stage of its expansion. We hope it funds the 2002 stage and the ones to follow.

This report is one part of our three year campaign to bring business and child care together to increase the quality and availability of child care for at-risk children.

This report on what works in early childhood education is the first KIDS COUNT essay published separately from the *Data Book*. It is our hope that this will cause greater attention to the issue.

Making KIDS COUNT in West Virginia is a shared enterprise. Consider how you might join in the support of the children of West Virginia. We all need to do more. To join a constituency for children and become part of the solution, call 1-888-KIDS COUNT.

February 2002

What Works

Good child care supports the intellectual, social and emotional development of children. Children who receive warm and sensitive care . . . are more likely to trust [others], to enter school ready and eager to learn, and to get along with other children. Conversely, children who receive inadequate or barely adequate care are more likely to feel insecure with teachers, to distrust other children, and to face possible later rejection by other children.[1]

WE CAN MAKE A DIFFERENCE

We can make a difference in the lives of children, particularly children at risk of failure. Decades of research have identified strategies that produce results and change lives. We know what works to strengthen families, address risky behavior in youth, make neighborhoods safe, prepare adults for living-wage jobs,[2] and **we know what works in early care and education**.

As Lisbeth Schorr puts it so well in *Within Our Reach*, "The most up-to-date research confirms what every parent knows—young children need, at home and elsewhere, competent, warm, responsive adults who are not so overwhelmed that they cannot be joyfully involved with them."[3]

What Works

IT IS IMPORTANT THAT WE MAKE A DIFFERENCE

It is important that we implement programs that work because what works changes lives. Much of the early care and education provided in child care centers and family care homes across the state and nation does not work and, in fact, may harm children.[4] The programs do not work because they do not meet the standards of good care. Only 36 of the 500 licensed child care facilities in West Virginia are accredited—the gold standard for good care. Throughout the state, thousands of children at risk of failure are receiving inadequate care.

Research has solidly established that programs that work have large and significant effects on school readiness and subsequent child outcomes.

Some outcomes of programs that work include:

- **dramatic reductions in the use of special education;**
- **lower incidence of grade retention;**
- **positive effects on achievement tests;**
- **greater high school graduation rates;**
- **increased earnings; and**
- **higher levels of education achieved.**[5]

Also, research has solidly established that poor care produces children who are more likely to feel insecure with teachers, distrust other children, and face possible later rejection by other children.[6]

The question of whether we can intervene successfully in young children's lives has been answered with a resounding "YES." However, as *Neurons to Neighborhoods* says, this knowledge stands right beside a number of dramatic transformations in the economic circumstances of families. These transformations include parents spending more hours at work, families with increasing levels of economic hardship, and growing numbers of young children spending time in child care settings of "highly variable" quality, beginning in infancy. These circumstances compound the problem of implementing programs that work while these circumstances also make the use of programs that work all the more compelling.[7]

We are all too familiar with the results of these transformations for families in West Virginia:

- 37 percent of our children live in families where adults do not have full-time, year-round employment;
- child poverty continues at high levels;
- 52 percent of our school children qualify for free or reduced-priced meals;
- the percentage of low birth-weight babies is increasing; and
- only 59 percent of the children eligible for Head Start receive it.

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If we are to improve these statistics, we must improve early care and education.

In the following sections, we will describe programs that work, tell the stories of four communities in West Virginia who are making a difference with programs that work, and discuss some of the challenges we face if they are to be widely implemented.

PROGRAMS THAT MAKE A DIFFERENCE

We have chosen to describe six programs that work, each evaluated with random assignment except for Head Start. We take this approach because many are skeptical about the value of early childhood education. Persuasive evidence is needed to assure them of the ability of early childhood education to transform the lives of children. **We have the evidence.**

It is a mistake to conclude that an early care and education program does not work when a formal evaluation of it reveals no differences between the treatment and control groups.[8,9] According to Lisbeth Schorr and others, there are difficulties in using formal impact evaluation design with programs that are broad, complex and interactive, and new and better ways are needed to learn from our most promising efforts to improve outcomes for children.[10] Examples of this effect include the widely acclaimed Parents as Teachers and Healthy Families America programs.

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The Model Programs[11]

Home-Oriented Preschool Education Program

HOPE, a home-based, early childhood education program, began in 1968 as an experiment for three years in southern West Virginia. There were three program delivery components: daily television lessons (this was pre-Sesame Street); home visitation with printed materials that correlated with the television lessons; and group experience with other young children once a week in a mobile classroom van. Families were randomly assigned to one of three treatment groups: TV only; TV plus home visitor; and TV plus home visitor plus group experience. HOPE was replicated at sites in five states during 1971-1973. **Extensive follow-up studies after the children finished high school indicated favorable outcomes in parenting, school-family relations, school performance, and children's adjustment.**

Perry Preschool Project

The Perry Preschool Project included 123 three- and four-year-old children who were assigned to either the intervention or the control group. The intervention group received two-and-a-half hours of preschool experience five days a week for seven-and-a-half months each year for two years (except for one small group of children who received only one year of services). In addition, teachers visited each mother and child at home for 90 minutes once a week during the school year. **It found positive effects on achievement tests, grades, high school graduation rates, and earnings as well as lowering crime and welfare use, as of age 27.**

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The Carolina Abecedarian Project

The Carolina Abecedarian Project was designed to test the effectiveness of intensive early intervention with children from low-income families. All 111 children who participated received nutritional supplements during the first years of life, and their families received social service referrals (when needed) until the participating child was eight years old. In addition, 57 of the participating children received a year-round, all-day, educational child care/ preschool program emphasizing the development of cognitive, language, and adaptive behavior skills, until they were five years old. The parents participated in parent group meetings. **This project found that, at age 15, those children who had received a preschool intervention scored higher on achievement tests and had lower incidence of special education and grade retention. At age 21, the children who received the preschool intervention were twice as likely to still be in school or to have attended a four-year college.**

Head Start

The Head Start program is a national, full-day, center-based, early childhood education and health program serving children ages three and four. Although Head Start has had no randomized trials, the research that has been conducted indicates **it is contributing to school readiness by improving verbal skills and health.**

What Works

Nurse Home Visitation in Elmira, NY

This program uses home visitation by nurses to improve maternal and child outcomes. The participants were primarily white, low-income, unmarried women. By two years after the end of the program, these women had 43 percent fewer subsequent pregnancies and greater participation in the labor force than did their counterparts randomly assigned to comparison services. The beneficial effects of this program have lasted for up to 15 years after the first child's birth. **The program reduced child abuse and neglect, the children's involvement with the criminal justice system, the use of alcohol and cigarettes and promiscuous sexual activity. The project produced substantial savings to the government and was accompanied by reductions in emergency department visits and health care encounters in which childhood injuries were detected.**

Nurse Home Visitation in Memphis, TN

This is a home visitation program using nurses to improve maternal and child outcomes in Memphis, TN. The participants were primarily black, were pregnant for less than 29 weeks, had no previous live births, and had at least two sociodemographic risk factors. **The results show fewer subsequent pregnancies, fewer closely-spaced, subsequent pregnancies, longer intervals between the birth of the first and second child, and fewer months of using Aid to Families with Dependent Children.** Enduring effects of the program were found, but these results were smaller in magnitude than those achieved in the previous trial in Elmira, NY. The direction of the effects was consistent across the two studies.

What Works

What Works in West Virginia

According to *Education Week*, the effort to improve early care and education in West Virginia is still in its infancy, but officials are resting their hopes largely on an early childhood initiative called ***Educare.*** **Educare seeks to improve the quality of early care and education, increase accessibility of early care and education services, and create linkages to help families access the services they need.**[12]

The Governor's Cabinet on Children and Families currently **funds eight communities to operate these experimental programs.** Each program involved in the Educare initiative is required to follow high standards of care; standards that are beyond the basic health, safety and program requirements of state licensing. The **Educare pilot sites are exemplified by (1) high levels of collaboration across community programs and professions and (2) innovative strategies designed to improve the quality and accessibility of their programs.**

Educare still has many hurdles to overcome before it is offered statewide. Officials must monitor results from the pilot locations, **and the legislature must approve funding for each stage of the expansion.**[13]

We have chosen four Educare projects to tell the story of programs working in West Virginia.

What Works

Roane County Educare

A year ago, Roane County, a primarily rural county, had one child care center, two Head Start centers, and several family child care providers. The child care center, directed by Mary Quick, had reached capacity enrollment with a short waiting list. Mary was frequently interviewing in an attempt to fill staff positions because of **a high turnover rate**. Families could not necessarily find the early childhood program they needed. Either they didn't qualify because their income was too high, they couldn't afford it, it wouldn't accommodate their schedule or, if there was a slot available, it didn't meet their standards or was not conveniently located.

While the Roane County Educare would like more providers in the county, there is now a new child care facility in an outlying area of Roane County. **Five family child care providers are taking training, either by pursuing the CDA credential or by enrolling in the Apprenticeship for Child Development Specialist program. Staff are receiving cash bonuses after certain steps in their training have occurred and facilities are receiving new equipment to enhance their programs.** At the child care center, Mary is a happy director. She says, "I have not had to interview anyone in six months. My staff is staying. They seem to have a renewed sense of commitment to the job, like it is something worth sticking to."

Perhaps the neatest thing is the network of providers that has formed. Monthly trainings have brought together the home, facility and center providers as well as other early childhood professionals from Roane County schools and Head Start. **The providers seem to be developing a sense of professionalism and purpose.**

What Works

This is a result of a group of people coming together to discuss what they wanted for their county in the way of early childhood options. They had the attitude, "It can't hurt to try! We have as good a chance as anyone!" There was also a sense that their community was special in its closeness and willingness to work together for everyone's benefit. So they worked and reworked their ideas. They met and then met again until the ideas came together. It was and still is a truly collaborative effort.

Now, parents have real choices when it comes to an early childhood program for their children. The resource center can help them with information about the existing programs. And their choices are now between programs that either already meet good standards or are committed to improvement. They know that they can expect certain things from an Educare provider. Also, there are payment options based on their income. Mary says, "I have not heard the formerly frequent refrain, 'I can't afford it,' in the past several months." At the center, her staff is staying, which is definitely a stress-reliever for her. "I don't feel like I'm always playing catch-up and can spend time on further developing the staff that I have. Hence, a higher level of quality."

I have not had to interview anyone in six months. My staff is staying.

Mary Quick, Child Care Center Director

What Works

Recently, a parent wrote about her two-year-old daughter who was diagnosed with a speech delay. Here is her story:

Around September 2000 . . . [I] thought it would be a good idea for Allie to attend a day care where she could be with other children her age for socialization to get away from mommy who was always interpreting for her. At the time I enrolled her in Building Blocks [Child Development Center], we thought that Connect Childcare or Westbrook would be able to help pay the cost. With my husband the only one working, Connect couldn't help, neither could Westbrook. So for about three to four months, we paid $25.00 for two days a week. My husband and I decided to take Allie out of Building Blocks because we couldn't afford it any more even though her speech was improving.... In March 2001, [I heard about] Educare. I filled out the papers and turned them in. We now pay only $2.50 for two days a week.... Thanks to Educare my daughter can continue day care. Her speech and socialization has improved greatly due to being with the other children.... I would like to thank everyone involved with Educare. You have helped my daughter more than you can ever imagine.

This, of course, is what it's all about–empowering parents to do what they know is right for their children and providing choices between programs that meet good standards. Educare has helped Roane County do this.

What Works

Cabell-Wayne Educare

Before the community got involved, several child care centers and family child care facilities were available but many had waiting lists and some did not meet licensing standards. There was very little child care for infants or children with special needs.

Today, things are looking brighter for families of young children in Cabell and Wayne counties. Quality and accessibility issues with child care are being addressed by the Cabell-Wayne Council. Plans are being made to increase the number of slots in child care and to address the needs of infant care and children with special needs.

Like other community groups, the Cabell-Wayne Council involves the Family Resource Network (FRN), West Virginia Birth to Three, child care centers, public preschool, Head Start, and Success By Six, among others. Together they form the Cabell-Wayne Early Childhood Council, which really gives the group focus and helps to avoid turfism. They are hoping to bring some home providers on board as well.

Before the community got involved, some child care centers did not meet licensing standards. Today, things are looking brighter for families of young children in Cabell and Wayne counties.

What Works

To help solve these quality and accessibility problems, the Council is providing a number of trainings for child care center staff. They have held workshops in first aid, family violence, and parenting and have **established a substitute child care provider pool.** This pool is a group of individuals who are called on when regular child care center staff or family child care providers are sick or take vacation. Because of this valuable service, family child care providers who take care of children in their homes can now attend in-service training.

The Council acknowledges this has been a lot of hard work and they have experienced some very trying times. However, they believe that through collaborative efforts, they have improved the quality of early care and education in Cabell and Wayne Counties.

There is a great spirit of cooperation and working together for the good of children in Cabell and Wayne Counties. The Council tells others: **"Don't lose sight of your goals; involve everyone, making it a larger effort; be inclusive; and communicate clearly and directly."**

AVERAGE CHILD CARE RATES

Age	Daily Cost	Annual Cost
Infanct (0-24 months)	$26.65	$6,936
2 years old and up	$21.15	$5,076

Source: West Virginia Department of Health and Human Resources, Office of Social Services

What Works

Monongalia Educare

Of 700 children served, only 266 are in licensed child care centers in Monongalia County. Nineteen of the twenty-two licensed child care centers lie within the Morgantown area. However, two-thirds of the county's population reside in remote, rural sections outside of Morgantown. Many of the families in this county have recently entered the workforce as a result of the Welfare to Work legislation, causing a greatly increased demand for child care.

Faced with this demand, The Monongalia County Educare Collaborative came together through the combined effort of Monongalia County Head Start/ Early Head Start, Monongalia County Family Resource Network, West Virginia University (WVU) Center for Excellence in Disabilities, WVU Klingberg Center for Child Development, West Virginia Birth to Three, WVU Child Development Laboratory, Monongalia County Board of Education, West Virginia Family Connections, and several others to provide good, comprehensive services to children and families in the county.

Some of the challenges facing child care identified by the Collaborative include staff training, need for additional staff, staff salary, nontraditional work hours, children at risk for developmental delays, behaviorally challenged children, the need for materials and equipment to properly implement curriculum and developmentally appropriate practices, and the cost of child care.

With the help of Educare funds, child care providers are able to supplement their sliding fee scales; purchase materials and equipment necessary to provide good care; and implement the curriculum chosen at each individual child care center. In addition, **the collaborative has been able to assist centers in hiring additional staff to lower the adult/ child ratio and help fill in when staff are ill; to**

increase staff salary upon completion of additional training; and lower staff turnover. This has led to an increased sense of professionalism among caregivers.

An added benefit of the Educare initiative in Monongalia County is developmental and health screenings provided to children who would not normally receive these services. The collaborative has been able to assist centers and families in getting services in the community for their children and to refer children with special needs and behavioral challenges to the appropriate services.

In February 2002, Educare in Monongalia County will become **a pilot project for the Vision Initiative for Children (VIC), an outreach program of the West Virginia University Eye Institute.** VIC's Preschool Vision Screening Program is designed to partner with pediatric physicians and the early childhood community to screen the vision of children ages 36-59 months. Research shows that one in 20 children will develop eye health and vision problems that can lead to permanent vision loss. The Collaborative's goal is to have all children in Educare screened.

Through the efforts of the Monongalia County Educare Collaborative and the standards and funding made available through Educare, child care in Monongalia County has improved tremendously. The collaborative believes they must expand to include all child care providers in Monongalia County.

Having additional funding to support an underfunded program like child care has made a difference in staff attitude, school readiness, and professional knowledge. Collaboration truly makes the best use of the monies available for programs working with young children and their families. Collaboration works!

What Works

Webster County Educare

Just a short time ago, Webster County had very few good programs and services for preschool children and no common standards or collaboration from program to program. Lack of good child care and transportation made it difficult for children in Webster County to begin school ready to learn.

But progress is being made. Webster County now has a child care center that has been renovated to provide a comfortable atmosphere conducive to learning and a good curriculum for preschoolers. Another center opened in the fall of 2001.

This progress is the result of the community seeing a need to get their children ready for school and acting on that need. The coalition is made up of representatives from Head Start, the Starting Points Center, Board of Education, DHHR, the local FRN, West Virginia Birth to Three and child care providers. After meeting together, they decided that child care providers were the best people to prepare children for school. Hence, they partnered with a child care provider who had the same goal but didn't have all the resources to complete building the center. The coalition helped in the effort to make the center operational by donating equipment, and then they worked with the director to establish a good child care program.

The coalition continues its hands-on approach. They are working with a center in Cowen to upgrade its facility by installing new windows, heating and air conditioning, and they are also working with the director on curriculum so the center's standards will be the same as the other center.

**In West Virginia,
49% of children
under six years of age
live with working parents.**

Source: *1998 West Virginia Kids Count Data Book*

This progress is the result of the community seeing a need to get their children ready for school and acting on that need.

Transportation issues are also being addressed. Some low-income families have problems picking up their children or dropping them off at the center. Now, the children are bused from a preschool program to the center at noon to stay the rest of the day.

To form a more cohesive, organized approach to delivering services to children and families, **this coalition stripped off the labels of different programs.** Now, any group providing child care services in one form or another is referred to as an "early care and education provider."

The participants in the Webster County Coalition say the top three keys to making their work flourish are (1) having a good attitude, (2) being flexible and creative and (3) having a vision for children. Their advice is to not stop at the first barrier because there will be roadblocks along the way but to use creativity and flexibility to achieve goals. **Kay Carpenter, Assistant Superintendent of Webster County Schools says, "Remember [that] what you are doing . . . is for children. Keeping the focus on children is the key to success."**

The counties of Cabell-Wayne, Monongalia, Roane and Webster were motivated to get something done to improve early care and education. They are working together as a team; they are ordinary people doing extraordinary things; they are finding solutions and making a difference; they are moving forward.

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Characteristics of Programs That Work[14]

Low staff-to-child ratios and small class size.

Highly trained and educated staff.

Experienced, skilled and highly committed staff.

High levels of interaction between the staff, children and parents.

Parent involvement.

Respectful and trusting relationships between the staff, children and parents.

A stimulating and safe physical environment.

An adaptable program that meets the individual needs of each child.

Low staff turnover.

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CHALLENGES WE FACE IN MAKING A DIFFERENCE

This knowledge about what works is an incredible breakthrough in education and prevention. **We have programs that produce what we all want for children, and we know how to do it.** We have demonstrated programs that are improving the quality and accessibility of early care and education. **Yet, the gap between what we know and what is being done is enormous.**

Would we not rush to buy this product when we so eagerly buy much that doesn't work at all?

There are many challenges to moving forward. But each challenge suggests a solution.

Building Public Understanding and Political Will. As far as the public is concerned, there is no preschool education crisis. In addition, building a public system to support preschool education **runs counter to our values of personal responsibility and restrained government involvement.** However, building a broad-based constituency for change is the key to implementing what works.

Our public education about the importance of preschool education should begin with an understanding that **most of the public and most decision makers do not believe this issue is important enough to address. To deepen the understanding about the importance of preschool education, our public education should connect broad-based**

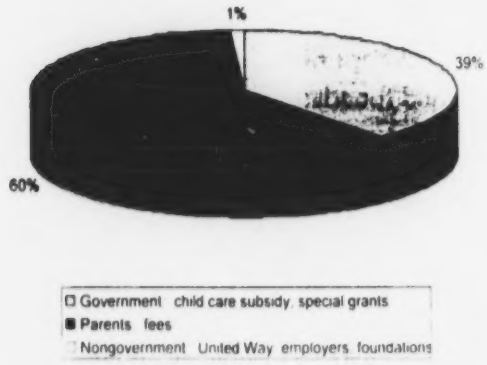
marketing and education programs with broad-based American values. Leaders in the executive and legislative branches of government and community-based organizations need information on effective programs in early care and education. In addition, our marketing needs to be frank about costs and the various funding opportunities available.[15]

Funding. Funding is inadequate to build the supply and the quality that is needed. To create better care, greater investment is necessary. At this point, direct support for the ongoing costs of early care and education come from three sources: parents, government, and employers. **Most parents are hard pressed to afford even the inadequate care that currently prevails.** Labor unions, faith communities, business and foundations could provide additional funds. **However, their contributions will never close the gap between the actual cost of good care and what parents can afford. Greater public investment is the key to better early care and education.** The average annual subsidy for low-income families and fees for private-pay families for child care in West Virginia is approximately $5,000. The annual cost of good care is between $10,000 and $12,000.[16] According to the Packard Foundation, Americans spend about $40 billion a year for child care for children under six; but it would take three times that sum to provide good child care.[17]

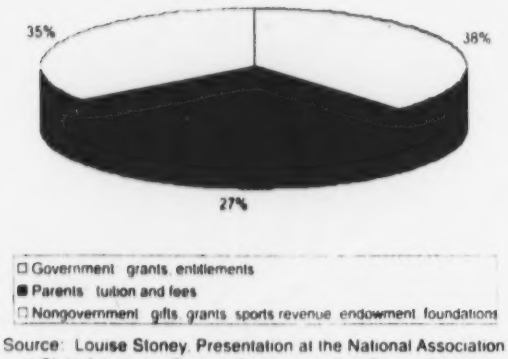
Much has been written about funding strategies in preschool education. **There is literature on adapting higher education financing methods to preschool education[18] and literature on organizing think tanks or finance com-**

missions to develop proposals for the financing of good child care.[19] There is literature on strategies for business that would increase the investment in preschool education. These actions include (1) distributing a business-oriented resource guide describing child care employee benefit options; (2) establishing a multi-bank development corporation that would provide loans to care providers; (3) initiating a refundable child care income tax credit to assist families in paying for preschool

CHILD CARE FUNDING IN THE UNITED STATES



HIGHER EDUCATION FUNDING IN THE UNITED STATES



Source: Louise Stoney, Presentation at the National Association of Child Advocates Budget Conference, San Diego, CA 1998

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education;[20] and (4) the Employer Provided Child Care Tax Credit, part of the 2001 Tax Act.

Public policy. We do not have the public policy required to meet the state's early care and education needs. **The Educare initiative provides that policy framework.** The Educare initiative is designed to build a unified preschool education system, working across the sectors of child care, Head Start, and preschool. If all children are to enter school ready to succeed, every community must have an ample supply of well-functioning programs. One effective system, combining regulatory, administrative and program functions is superior to many separate ones.[21]

OUR PLEDGE TO MAKE A DIFFERENCE

West Virginia KIDS COUNT Fund is engaged in a three-year campaign that will bring business and child care together to increase the quality and availability of child care for at-risk children. This new work is the result of several factors:

- the shortage of good child care for low-income, working families;
- the tremendous power of child care to transform the lives of children and break the cycle of poverty; and
- the enormous resource business can be for child care.

We are prepared to devote a significant share of our resources to this new venture. ***Consider what you can do to make a difference.***

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Notes

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